

PUBLIC RECORDS REQUEST AND LETTER OF CLEARANCE FORM

Your Name:		Home Phone #:	
		Business Phone #:	
Address:		City:	State:
			Zip:
I hereby certify under penalty of perjury that the requested records will <u>not</u> be used for commercial purpose as defined in ARS 39.121.03.			
Your Signature:_____		Date: _____	
<u>The following information is required before a records search will be conducted for your information.</u> <u>PLEASE "PRINT" CLEARLY</u>			
Purpose of Request: () Victim () Witness () Insurance Claim () Other: Please explain your reason for this request _____ _____			
Type of Report: () Traffic Accident () Crime Type: _____ () Letter of Clearance			
Police Report Number: _____			
Date & Time Reported to Police: _____			
Exact Date, Time, Location of Incident: _____			
Person on Record: _____ Date of Birth: _____ Social Security #: _____		Nature of Incident: [] Accident [] Accident with Injury [] Assault [] Auto Theft [] Bicycle Theft [] Burglary [] Theft [] Recovery [] Other: _____	
REQUESTER, DO NOT WRITE BELOW THIS LINE			
Amount Received \$ _____ Payment received in form of: Cash _____ Check _____ Other _____			
Initials & I.D. # of employee receiving request: _____			
Date: _____		Mail Record _____ Will Pick-Up _____	
<input type="checkbox"/> Enclosed is the Letter of Clearance you requested. <input type="checkbox"/> Enclosed is the record you requested. The record was not edited. <input type="checkbox"/> Per Arizona Supreme Court guidelines, the attached record has been edited due to: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Ongoing criminal investigation. <input type="checkbox"/> Privacy right of individuals named.</div><div><input type="checkbox"/> Confidentiality rights of individuals named within. <input type="checkbox"/> The release of investigative techniques or other matters may be detrimental to the best interest of the State.</div></div> <input type="checkbox"/> No record found based on the information you provided. Your refund of \$ _____ is enclosed. <input type="checkbox"/> This incident occurred out of Mesa Police jurisdiction. Contact _____ <input type="checkbox"/> Other _____			
Initials & I.D. # of Records Tech Processing: _____			
Date Processed: _____		Mailed Record Request _____ Placed at pick-up window _____	
Records Shift Supervisor: _____			